Deaths due to Sterilisation

2132. SHRI SHIV PRATAP MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to stata:

(a) what was the number of deaths reported in the country due to sterilisation operations during the last one year;

(b) what are the names of the states from where the maximum number of such cases have been reported: and

(c) the steps taken to minimise such cases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) A total number of 309 deaths due to sterilisations (including complications) were reported during 1987-88.

(b) The maximum number of deaths after sterilisations during 1987-88 were reported from the State of Karnataka (43).

(c) In order to minimise the mortality due to sterilisation operations, the Government of India have since requested the State/UT Govts. to constitute State/Distt. level Committee to scrutinize every complication/death cases following sterilisations and to take appropriate action for eliminating such mishaps. A copy of this Ministry's letter No. N. 11012/4/86-TO dated 13-10-88 is enclosed. [*See* Appendix CXLVIII, Annexure No. 96]. This Ministry has also been organising workshops on the technical/ quality control and improvement for prevention of complications in the sterilisation programme under National Family Welfare Programme.

Failure rate in laproscopic sterilisation

2133. SHRI SHIV PRATAP MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what was the number of failures of laproscopic sterilisation during the last two years and the reasons for such failures; and

(b) the steps taken to minimise failure incidence in such operations?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The failure rate for laproscopic sterilisation during the last two years is not available. However, in an ICMR Collaborative study during 1976-78, the failure rate of laproscopic sterilisation was observed to be 5.9/1000 at 24 months.

(b) The following are some of the important steps taken in this regard:—

(1) A comprehensive mannual on guidelines for sterilisation by laproscopic method has been issued to the State/UT Governments for proper selection of cases and use of reliable fallope rings;

(2) Due emphasis is being given for training of doctors, Operation Theatre nurse|sister and technician in laproscopic sterilisation. In Central sector 22 laproscopic training centres are functioning besides a large number of such centres in State Sector.

(3) Workshops of Director of Health Services, State Family Welfare Officers and Gynaecologists are being held regularly, where laproscopic sterilisation and other conventional methods of sterilisation are discussed in detail.

(4) The Government of India have decided to establish centres of excellence in major cities, where standards for all the sterilisation operations are fixed and doctors well trained in sterilisation.